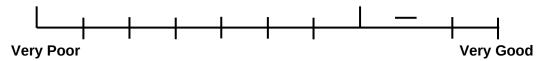


Assessing Fatigue and Fatigue Management in U.S. Onshore Oil and Gas Extraction: Pre-Shift Questionnaire National Institute for Occupational Safety and Health

1.	Da	Date (MM/DD/YYYY):							
2.	Tin	ne (HH:MM): AM / PM							
3.	du a. b.	rou worked yesterday, what time did yo ring your work rotation)? Time (HH:MM): A.M. P.M. I did not work yesterday Prefer not to say	u get back to	your resider	nce (i.e. the	place you sleep			
4.		nen did you leave for work today? ne (HH:MM): A.M. P.M.							
5.	a. b. c. d.	w did you get to the worksite? Driver Passenger in a co-worker's vehicle Passenger in a company-provided vehicle Other (specify): Prefer not to say	e						
6.	a. b.	d you sleep on the way to work, even fo Yes No Prefer not to say	r a little while	?					
7.	Wł	nen are you starting your shift? (HH:MM	l):	_ AM / PM					
8.	Not counting the commute to work, please answer the questions about the last time you slept before your shift today								
	a.	What time did you go to bed?		_ A.M.	P.M.				
	b.	How long did it take you to fall asleep?		_ Min.	Hrs.				
	C.	How many times did you wake up after falling asleep?		-					
	d.	How long were you awake in total?		_ Min.	Hrs.				
	e.	What time did you wake up?		_ A.M.	P.M.				
	f.	What time did you get out of bed?		A.M.	P.M.				

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333 ATTN: PRA (1920-XXXX).

g. How would you rate the quality of your sleep?



- 9. Did you just sleep in employer-provided housing?
 - a. Yes
 - b. No
 - c. Prefer not to say

10. [IF 6=Yes] What type of housing?

- a. Man camp
- b. Hotel or motel
- c. Apartment or house
- d. Other (please specify):
- e. Prefer not to say

11. Please describe the place you just slept:

	Strongly	Agree	Unsure	Disagree	Strongly	disagree
	agree					
The place I sleep is usually physically comfortable						
The place I sleep is usually at a comfortable temperature						
The place I sleep is usually quiet at night						
The place I sleep is usually dark						

12. Please select the number that indicates your sleepiness in the past five minutes:

Very alert	1
	2
Alert-normal level	3
	4
Neither alert nor sleepy	5
	6
Sleepy, but no effort to keep awake	7
	8
Very sleepy, great effort to keep awake	9

13. Indicate how stressed you feel on the small ruler.

